PRINTED: 05/13/2011 FORM APPROVED

CENTERS FOR	R MEDICARE & MEDIC	CAID SERVICES				O	MB NO. 0938-0391
STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A DITT	LDING	01	COMPLETED	
		155715	B. WIN			04/20/	2011
		<u> </u>	D. WIN		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF I	PROVIDER OR SUPPLIE	R		1	EST CHURCH AVE		
LUTHER	AN COMMUNITY H	HOME INC		1	DUR, IN47274		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTIO	N.	(X5)
PREFIX	(EACH DEFICIEN	NCY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD) CROSS-REFERENCED TO THE APPROP	BE .	COMPLETION
TAG	REGULATORY OR	R LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	NAIL	DATE
K0000							
	A Life Safety Co	ode Recertification and	K	0000	Submission of this plan of		
	State Licensure	Survey was conducted by			correction does not consti		
	the Indiana State	e Department of Health in			admission or agreement b		
		42 CFR 483.70(a).			provider of the truth of the alleged or corrections set the statement of deficience	forth on	
	Survey Date: 04	4/20/11			plan of correction is prepa submitted because of	red and	
	Facility Number	000347			requirements under State		
	Provider Number				Federal Law.Please acceplan of correction as our of		
					allegation of compliance.		
	AIM Number: 1	1002/5440					
	Survevor: Mark	Bugni, Life Safety Code					
	Specialist						
	Specialist						
	At this Life Safe	ety Code survey, Lutheran					
	Community Hor	ne Inc. was found not in					
	compliance with	Requirements for					
	Participation in 1	Medicare/Medicaid, 42					
		3.70(a), Life Safety from					
		0 edition of the National					
		Association (NFPA) 101,					
	1	e (LSC), Chapter 19,					
		Care Occupancies, and					
		, Chapter 18, New Health					
	Care Occupancio	es for the C Wing					
	Addition, and 41	10 IAC 16.2.					
	This one story fa	acility was determined to					
	· ·	(22) construction and fully					
		e facility has a fire alarm					
	1 ^	oke detection in the					
	l -						
	corridors, spaces	s open to the corridors,			1		I

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

TEEX21

Facility ID:

000347

PRINTED: 05/13/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURV			SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUIL	DING	01	COMPL	ETED
		155715	B. WINC			04/20/20	011
					ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	ROVIDER OR SUPPLIER				ST CHURCH AVE		
	AN COMMUNITY H	OME INC			OUR, IN47274		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	, i	CY MUST BE PERCEDED BY FULL] 1	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	E	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	+	TAG	DEFICIENCI)		DATE
	_	n smoke detection in all					
		rooms. The facility has					
		and had a census of 100					
	at the time of this	s visit.					
	The facility was	found not in compliance					
	_	ntioned regulatory					
	requirements as o	• .					
	following:	evidenced by the					
	Tonowing.						
	Quality Review l	by Lex Brashear, Life					
	Safety Code Specialist-Medical Surveyor						
	on 04/21/11.						
K0025	Smoke barriers ar	e constructed to provide at	1				
SS=E		our fire resistance rating in					
		.3. Smoke barriers may					
		rium wall. Windows are					
		ated glazing or by wired steel frames. A minimum of					
		partments are provided on					
	each floor. Dampers are not required in duct						
		etrations of smoke barriers in fully ducted					
		g, and air conditioning					
	systems. 19.3.7 19.1.6.4	7.3, 19.3.7.5, 19.1.6.3,					
		ation and interview, the	KO	025	K 025 NFPA 101 Life Safety		05/19/2011
		ensure 2 of 145 room	100	023	Code StandardIt is the policy		03/19/2011
	•	rriers were constructed to			this facility that smoke barrier		
		one half hour fire			are constructed to provide at		
	•	This deficient practice			a one half hour fire resisitant rating in accordance with 8.3		
	_	*			housekeeping office ceiling w		
	_	resident using the Service			repaired on April 29, 2011.		
Hall and 16 residents who reside on the B			Materials are on order to repa				
		alarm system panel			the Birchwood Lane Mechan		
	room.				Room wall/ceiling juncture. Twork will be completed by Ma		
	Findings include				19, 2011.	,	
		-					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: TEEX21 Facility ID:

000347

If continuation sheet

Page 2 of 14

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155715	(X2) MULTIPLE CC A. BUILDING B. WING	01	COMF 04/20/	E SURVEY PLETED 2011
	ROVIDER OR SUPPLIER		111 WE	ADDRESS, CITY, STATE, ZIP COD EST CHURCH AVE DUR, IN47274	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPI DEFICIENCY)	LD BE	(X5) COMPLETION DATE
	o4/20/11 at 10:20 office ceiling had drywall around a deteriorating and the drywall wher ceiling smoke ba on observation or system panel roop.m. with mainter one, the north ceight inch by five around fourteen of filled with fiberg an interview with number one on 0 12:30 p.m., the reabove the housek fiberglass insulated.	ation with the stant number one on a.m., the housekeeping of a twelve inch area of five foot supply air duct crumbling with gaps in the the duct penetrated the rrier. Furthermore, based of the B Hall fire alarm on 04/20/11 at 12:20 nance assistant number alling/wall juncture had an the foot area of the ceiling electrical conduit pipes alass insulation. Based on a maintenance assistant 4/20/11 at 10:40 a.m. and the proof appears to be leaking the seeping office and the sion in the B Hall fire the room is a non rated				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155715		(X2) MU A. BUILI B. WING	DING	NSTRUCTION 01	(X3) DATE (COMPL 04/20/2	ETED	
	PROVIDER OR SUPPLIER			111 WES	DDRESS, CITY, STATE, ZIP CODE ST CHURCH AVE UR, IN47274		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	I	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	Ë	(X5) COMPLETION DATE
K0029 SS=E	fire-rated doors) of extinguishing system and/or 19.3.5.4 prowing the approve extinguishing system are separated from resisting partitions self-closing and no protective plates the from the bottom of 19.3.2.1 Based on observed facility failed to a areas, such as soft combustible store feet, were provide to keep the doors practice could affect use the Service Freside on the C Findings include Based on observed a tour of the Service Hall store corridor from the which measured square feet, had a detergent propping open and the C Finding to self-certain the corridor failed to self-certain the corridor failed to self-certain the corresponding to the corridor failed to self-certain the corresponding to the correspondi	em option is used, the areas in other spaces by smoke and doors. Doors are on-rated or field-applied nat do not exceed 48 inches if the door are permitted. ation and interview, the ensure 2 of 15 hazardous ided linen rooms and age rooms over 50 square led with a suitable means is closed. This deficient fect any residents who stall.	K00	029	K 029 NFPA 101 Life Safety StandardIt is the policy of this facility has a one hour fire rat construction or an approved automatic fire extinguishing system in accordance with 8 and/or 19.3.5.4 protects hazardous areas. Staff membin our Environmental Departr were educated on the potent hazards of keeping storage r doors propped open on 4-20-2011 and 4-21-2011. T door to the storage area was closed on the day of the surv The administrator and the maintenance assistant check doors in the service hallway ensure that all the doors rem closed. The closure on the so utility room door on Cherry B was adjusted and repaired or 4-21-2011. The door now cloproperly.	4.1 ders ment ial coom he ey. the co ain iled lvd. n	04/29/2011

PRINTED: 05/13/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		NSTRUCTION 01	(X3) DATE S COMPL	ETED
		155715	B. WING			04/20/2	011
	PROVIDER OR SUPPLIER		-	111 WES	DDRESS, CITY, STATE, ZIP CODE ST CHURCH AVE UR, IN47274		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	<u> </u>	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PERCEDED BY FULL		REFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	E	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	1	TAG	DEFICIENCY)		DATE
	inch gap. This w maintenance assi time of each obse 3.1-19(b)	stant number one at the					
K0038 SS=E		inged so that exits are at all times in accordance 19.2.1					
	Based on observate facility failed to a accesses in the exwith a delayed egwith a sign indicated ALARM SOUNI OPENED IN 15 requires approved locks shall be perdoors serving low contents in building an approved, and detection system Section 9.6, or an automatic sprink with Section 9.7, Chapters 12 through following criteria shall unlock upon approved, supervisystem in according upon the actuation activation of not detectors of an approved automatic fire detectors in the extension of the actuation activation of not detectors of an approved automatic fire detectors.	ation and interview, the ensure 1 of 4 exit xisting building supplied gress lock, was provided ating PUSH UNTIL DS DOOR CAN BE SECONDS. 7.2.1.6.1, d, listed, delayed-egress rmitted to be installed on w and ordinary hazard ings protected throughout supervised automatic fire in accordance with approved, supervised ler system in accordance and where permitted in ugh 42, provided the are met. (a) The doors	K00:	38	K 038 NFPA 101 Life Safety Code StandardIt is the policy this facility that exit access is arranged so that exits are reaccessible at all times in accordance with section 7.1. appropriate sign was put into place on Autumn Court on M., 2011. The sign indicates to PUSH UNTIL ALARM SOUN DOOR CAN BE OPENED IN SECONDS.	of adily The ay 11 DS.	05/11/2011

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: TEEX21 Facility ID:

000347

If continuation sheet

Page 5 of 14

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				INSTRUCTION 01	(X3) DATE S COMPL		
		155715	A. BUI B. WIN	LDING IG		04/20/2	
NAME OF I	PROVIDER OR SUPPLIEI	<u> </u>			ADDRESS, CITY, STATE, ZIP CODE	l	
					ST CHURCH AVE		
LUTHER	AN COMMUNITY F	HOME INC		SEYMO	DUR, IN47274		
(X4) ID		STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		
PREFIX TAG	,	NCY MUST BE PERCEDED BY FULL LISC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΓE	COMPLETION DATE
1710	 	ck upon loss of power		mo	·		DATE
	controlling the le						
	1	An irreversible process					
		lock within 15 seconds					
		of a force to the release					
		in 7.2.1.5.4 that shall not					
	_	sceed 15 lbf nor be					
	1 ^	ontinuously applied for					
	_	onds. The initiation of the					
	release process s	shall activate an audible					
	_	nity of the door. Once					
	the door lock ha	s been released by the					
	application of fo	rce to the releasing					
	device, relocking	g shall be by manual					
	means only. Ex	ception: Where approved					
	by the authority	having jurisdiction, a					
	delay not exceed	ling 30 seconds shall be					
	permitted. (d) C	In the door adjacent to the					
	releasing device	, there shall be a readily					
	visible, durable	sign in letters not less					
	1	and not less than 1/8 inch					
	in stroke width o	_					
	1	reads as follows: PUSH					
		I SOUNDS DOOR CAN					
		N 15 SECONDS. This					
	_	e affects 22 residents who					
	reside on the A I	Hall.					
	Findings in alada						
	Findings include	<i>5</i> .					
	Based on observ	ration on 04/20/11 at					
		maintenance assistant					
	_	A Hall exit was equipped					
	•	gress lock, furthermore,					

PRINTED: 05/13/2011 FORM APPROVED OMB NO. 0938-0391

STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION			NSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUIL	DING	01	COMPL	ETED
		155715	B. WING			04/20/20	011
NAME OF PROVIDER OR SUPPLIER LUTHERAN COMMUNITY HOME INC (X4) ID SUMMARY STATEMENT OF DEFICIENCIES				111 WE	DDRESS, CITY, STATE, ZIP CODE ST CHURCH AVE DUR, IN47274		(V5)
PREFIX		CY MUST BE PERCEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
TAG	*	LSC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFRENCED TO THE APPROPRIATE DEFICIENCY)		Έ	DATE	
K0056 SS=E	the A Hall exit do with a sign indica ALARM SOUNT OPENED IN 15 verified by the m time of observations. 3.1-19(b) If there is an autor installed in accordant Standard for the Insystems, to provide portions of the built properly maintaine 25, Standard for the Maintenance of W. Systems. It is fully reliable, adequate system. Required equipped with water switches, which are the building fire also Based on observation facility failed to a cand 1 of 2 walk in with complete autoverage in according 1999 Standard for Sprinkler Systems coverage for all properties and 1 of 2 walk in the system of the system	oor was not provided ating PUSH UNTIL DS DOOR CAN BE SECONDS. This was aintenance director at the	K0	056	K 056 NFPA 101 Life Safety Code StandardIt is the policy this facility to have an automa sprinkler system that is proper maintained. Two sprinkler heavere installed in the Cherry Evaulted ceiling on May 4, 2011. The materials are on or to install a sprinkler in the was freezer in the Dietary Department. This work will be complete by May 19, 2011.	of atic erly ads Blvd. der ulk-in	05/19/2011

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: TEEX21 Facility ID:

000347

If continuation sheet

Page 7 of 14

PRINTED: 05/13/2011 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION IDENTIFIC		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155715	(X2) MU A. BUILI B. WING	DING	O1	(X3) DATE S COMPLI 04/20/2 (ETED
	ROVIDER OR SUPPLIER			STREET AL	DDRESS, CITY, STATE, ZIP CODE ST CHURCH AVE JR, IN47274		
(X4) ID	SUMMARVS	TATEMENT OF DEFICIENCIES	+	ID	·		(X5)
PREFIX		CY MUST BE PERCEDED BY FULL	PREFIX		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	E	DATE
	Findings include	:					
	Based on observa	ations on 04/20/11 during					
		all and kitchen with					
		stant number one from					
		10 p.m., the C Hall					
		ceiling in the corridor					
		hop, which measured					
	_	long, and the new					
	•	cooler, were not provided					
		verage. Based on an					
	*	ne administrator on					
	04/20/11 at the 1						
		C Hall vaulted recessed					
		ew kitchen walk in cooler					
	_	past year renovation. The					
		removed the C Hall					
		talled the new vaulted					
	· -	ew walk in cooler did not					
	_	the two locations that					
	were renovated.	the two locations that					
	were removated.						
	3.1-19(b)						
K0064 SS=B	health care occupa	guishers are provided in all ancies in accordance with 5, NFPA 10					
		ation and interview, the	K00	064	K 064 NFPA 101 Life Safety		05/03/2011
		ensure 4 of 29 portable			Code StandardIt is the policy		
	-	s were installed correctly.			this facility that portable fire		
		andard for Portable Fire			extinguishers are provided in health care occupancies in	all	
	· ·	hapter 1, 1-6.10 requires			accordance with 9.7.4.1.The fire		
	_	le fire extinguishers			extinguisher in the Medical		
1 ^ ^		nds or less should be no			Records office was lowered to no		
					more than 60 inches from the	;	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: TEEX21 Facility ID:

000347

If continuation sheet

Page 8 of 14

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUIL	DING	01	COMPL	ETED
		155715	B. WING			04/20/2	011
			B. WII.		DDRESS, CITY, STATE, ZIP CODE		
NAME OF P	PROVIDER OR SUPPLIEF				ST CHURCH AVE		
LUTHER	AN COMMUNITY F	IOME INC			UR, IN47274		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	E	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	ļ	TAG	DEFICIENCY)		DATE
	more than five for	eet (60 inches) above the			floor on April 29, 2011.The fir		
	floor and those v	veighing more than 40			extinguisher the Laundry Roo was lowered to no more than		
	pounds should b	e not more than three and			inches from the floor on April		
	one half feet (42	inches) above the floor.			2011. The fire extinguisher in		
		actice could affect any			Dogwood Avenue activity roo		
	•	e activity room and any			was lowered to no more than		
	_	e main dining room near			inches from the floor on May		
	the kitchen.	e main dining room near			2011.The fire extinguisher in		
	the Kitchen.				Kitchen was lowered to no m than 60 inches from the floor		
					April 29, 2011.	OH	
	Findings include	:			7,0111 20, 2011.		
	Based on observ	ations on 04/20/11 during					
	the tour between	9:40 a.m. and 12:45 p.m.					
	with maintenanc	e assistant number one,					
	four fire extingu	ishers measured more					
		om the top of the					
	extinguisher to the	_					
	-	ner in the medical records					
	room measured s						
		-					
	•	ner in the laundry room					
	measured sixty e	_					
	_	ner in the activity room					
	measured sixty e						
	d. The extinguis	her in the kitchen					
	measured sevent	y inches.					
	This was verified	by maintenance					
		one at the time of					
	observations.						
	3.1-19(b)						
K0038	` '	inged so that exits are					
SS=E		at all times in accordance					
30 L	with section 7.1.	18.2.1					
	Based on observ	ation and interview, the	K0	038	K 038 NFPA 101 Life Safety		05/11/2011
					Code StandardIt is the policy	of	

PRINTED: 05/13/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE S COMPLI		
AND PLAN	OF CORRECTION	155715	- 1	LDING	04	04/20/20	
		1337 13	B. WIN			04/20/20	711
NAME OF	PROVIDER OR SUPPLIE	R		1	ADDRESS, CITY, STATE, ZIP CODE ST CHURCH AVE		
LUTHER	RAN COMMUNITY F	HOME INC		1	OUR, IN47274		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	NCY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	1 -	ensure 1 of 1 exit access			this facility that exit access is arranged so that exits are re-		
	1	dition supplied with a			accessible at all times in	adily	
		ock, was provided with a			accordance with section 7.1.	The	
	1 -	PUSH UNTIL ALARM			appropriate sign was put into		
	1	R CAN BE OPENED IN			place on Autumn Court on M , 2011. The sign indicates to	· .	
	1	7.2.1.6.1, requires			PUSH UNTIL ALARM SOUN		
	1 **	, delayed-egress locks			DOOR CAN BE OPENED IN		
	1 -	ed to be installed on doors			SECONDS.		
	1	ordinary hazard contents					
	1 .	ected throughout by an					
	1	vised automatic fire					
	1	in accordance with					
	1	n approved, supervised					
	_	tler system in accordance					
	1	, and where permitted in					
	_	ough 42, provided the					
	1	a are met. (a) The doors					
	1	n actuation of an					
	1	vised automatic sprinkler					
	1 ·	lance with Section 9.7 or					
	1 ^	on of any heat detector or					
		more than two smoke					
		pproved, supervised					
	1	etection system in					
	1	Section 9.6. (b) The					
		ck upon loss of power					
	controlling the le	•					
		An irreversible process					
		lock within 15 seconds					
	1	of a force to the release					
	1 ^	in 7.2.1.5.4 that shall not					
	1 *	sceed 15 lbf nor be					
	1 -	ontinuously applied for					
	more than 3 seco	onds. The initiation of the					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: TEEX21 Facility ID: 000347 If continuation sheet

Page 10 of 14

	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155715	A. BUII	LDING	NSTRUCTION 04	(X3) DATE COMPI 04/20/2	ETED
	PROVIDER OR SUPPLIER		B. WIN	STREET A	ADDRESS, CITY, STATE, ZIP CODE ST CHURCH AVE OUR, IN47274		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	(X5) COMPLETION DATE
	release process s signal in the vicit the door lock has application of for device, relocking means only. Exception: When authority having exceeding 30 sec (d) On the door a device, there shadurable sign in lehigh and not less width on a contrareads as follows: SOUNDS DOO 15 SECONDS. affects 6 resident Hall. Findings include Based on observed 11:20 p.m. with a number one, the with a delayed extended the C Hall exit down a sign indicated ALARM SOUNDS OPENED IN 15	hall activate an audible nity of the door. Once is been released by the ree to the releasing ghall be by manual approved by the jurisdiction, a delay no conds shall be permitted. It is a readily visible, exters not less than 1 inchesting background that PUSH UNTIL ALARM R CAN BE OPENED IN This deficient practice is who reside on the C is ation on 04/20/11 at maintenance assistant C Hall exit was equipped gress lock, furthermore, for was not provided ating PUSH UNTIL DS DOOR CAN BE SECONDS. This was taintenance director at the					

´		(X2) MULTIPLE CO		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	04	COMPLETED
		155715	B. WING		04/20/2011
NAME OF I	PROVIDER OR SUPPLIER	1		ADDRESS, CITY, STATE, ZIP CODE	
LLITHED	AN COMMUNITY H	IOME INC	I	EST CHURCH AVE DUR, IN47274	
				JON, 11147274	
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5) COMPLETION
TAG	`	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE COMPLETION DATE
1110		ation and interview, the	K0038	K 038 NFPA 101 Life Safety	
		ensure 1 of 1 exit access	K0030	Code StandardIt is the policy	05/11/2011
	l *	lition supplied with a		this facility that exit access is	
		ock, was provided with a		arranged so that exits are reaccessible at all times in	adily
		USH UNTIL ALARM		accordance with section 7.1.	The
	-	R CAN BE OPENED IN		appropriate sign was put into	.
		7.2.1.6.1, requires		place on Autumn Court on M	· .
		delayed-egress locks		, 2011. The sign indicates to PUSH UNTIL ALARM SOUN	
	**	d to be installed on doors		DOOR CAN BE OPENED IN	
	1 ^	ordinary hazard contents		SECONDS.	
		ected throughout by an			
		vised automatic fire			
	1 1 1 1	in accordance with			
	1	n approved, supervised			
		ler system in accordance			
	_	and where permitted in			
		ugh 42, provided the			
	_	a are met. (a) The doors			
	shall unlock upor	* *			
	1	vised automatic sprinkler			
		ance with Section 9.7 or			
	l -	on of any heat detector or			
	_	more than two smoke			
		pproved, supervised			
	1	tection system in			
		Section 9.6. (b) The			
		k upon loss of power			
	controlling the lo	-			
		An irreversible process			
	1	lock within 15 seconds			
		of a force to the release			
		n 7.2.1.5.4 that shall not			
	^	ceed 15 lbf nor be			
	1 ^	ntinuously applied for			
	required to be co	minuousiy appiicu ioi			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155715	(X2) MULTIPLE CONSTRUCTION A. BUILDING 04			(X3) DATE SURVEY COMPLETED 04/20/2011			
NAME OF PROVIDER OR SUPPLIER LUTHERAN COMMUNITY HOME INC				B. WING 04/20/2011 STREET ADDRESS, CITY, STATE, ZIP CODE 111 WEST CHURCH AVE SEYMOUR, IN47274					
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL			ID PREFIX	ID PROVIDER'S PLAN OF CORRECTION REFIX (EACH CORRECTIVE ACTION SHOULD BE				
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)			TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETION DATE		
	more than 3 seconds. The initiation of the release process shall activate an audible								
	signal in the vicinity of the door. Once								
	the door lock has been released by the								
	application of force to the releasing								
ı	device, relocking shall be by manual								
	means only.								
	Exception: Where approved by the authority having jurisdiction, a delay no								
	exceeding 30 seconds shall be permitted.								
	(d) On the door adjacent to the releasing								
	device, there shall be a readily visible,								
	durable sign in letters not less than 1 inch								
	high and not less than 1/8 inch in stroke								
	width on a contrasting background that								
	reads as follows: PUSH UNTIL ALARM								
	SOUNDS DOOR CAN BE OPENED IN								
	15 SECONDS. This deficient practice affects 6 residents who reside on the C								
	Hall.								
	Findings include:								
	Based on observation on 04/20/11 at								
	11:20 p.m. with maintenance assistant number one, the C Hall exit was equipped								
		gress lock, furthermore,							
		oor was not provided							
	_	ating PUSH UNTIL							
		DS DOOR CAN BE							
		SECONDS. This was							
		naintenance director at the							
	time of observati	OII.							

PRINTED: 05/13/2011 FORM APPROVED OMB NO. 0938-0391

		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155715	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/20/2011			
NAME OF PROVIDER OR SUPPLIER LUTHERAN COMMUNITY HOME INC				STREET ADDRESS, CITY, STATE, ZIP CODE 111 WEST CHURCH AVE SEYMOUR, IN47274				
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE			(X5) COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	IE	DATE	
	3.1-19(b)							

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

TEEX21

Facility ID: 000347

If continuation sheet

Page 14 of 14